CORD

V. S. No. 1

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111%	+ 5	PLACE OF DEATH
X	₩ ×	A o'
VIII.	IL M	County Caroline
2003/	D	

14158

STATE OF MARYLAND CERTIFICATE OF DEATH

(6)	Registration Dist. No. 66
Village or City Loly (No.	St.: Ward) (If death occurred in
2FULL NAME Carl arms	living a hospital or insettitution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
he widowed, or divorced	see 26 , 1921
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
unknown, 1929	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	The date of the date stated above, at
dayhrs.	
yrs. mos. ds. or min.?	Mendered by molacy
(a) Trade, profession or	GOOD A
particular kind of work (b) General nature of industry	Chal Unstrong
business, or establishment in	Note 131 (Duratjon) yrs. mos. ds.
which employed or (employer)	Contributory Knife wounds
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF A	Duration yrs mos ds.
FATHER To Oranghama	(Signed) Derry Miller War Golding
IN II BIRTHPLACE	Dres 26 /23/ (Address) Kidgely
C State or country	*State the listase Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Ethel Knuth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
detina	Former or
(Informant) Chel Constang	usual residence
(Address) Redsoly Med	Denlos And Nec 27, 103/
15 Filed NEC 26193 Andavis	20 UNDERTAKER ADDRESS
Registras	At March Deulen
If more banks are needed, address thate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RECEIVED

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JAN 2 1032

BURFAU V.S.

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

Exact statement of OCCUPA-

m

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	14199
DEATH				

1. PLACE OF DEATH	(99)
County Caroline	Registration Dist: No.
Village or City Sreeusboo	NoSt.,Ward
Length of residence in city of town where deeth occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) osds_ How long in U.S. If of foreign birth?yrsmosds
41. 11-11	105-12001
2. FULL NAME MEAN CHIEF	2. do
(a) Residence: No. (Usual place of abode)	USt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of James Baker	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) Sept. 20 1845	i lest saw h; death is saie
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1130 pm.
about 796 2 18 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AND A	Head on arrival.
SAWYER, BOUKKEEPER, etc.	arterio Meterorio 1910
work was done as SII K MII I	Collero (Collerous 1910
SAW MILL, BANK, etc O. Date deceased last worked et this occupation (month and year) O. Date deceased last worked et spant in this occupation	
&Zassinat.	Other Cantribatary Causes of importence:
12. BIRTHPLACE (city or town) Table (State or country)	
13. NAME Street	
13. NAME James 14. BIRTHPLACE (city or town) Harrington	Neme of operation Date of
(Steta or country)	What test confirmed diagnosis? Wes thera an eulopsy?
15. MAIDEN NAME Unknown	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown	Accident, suicida, or homicide? Date of Injury19
Stete or country)	Whera did injury occur?
17. INFORMANT Bates (Baker I daw) (Address) Sreen boro	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 10 19 3	Nature of injury
19. UNDERTAKER Willigs Moore	24. Was diseesa or injury in any wey releted to occupation of deceased?
20. FILED Seed 12 th To 31 A Mar Planed	(Signed) (Signed) M. D.
Registrar.	(Address) Dlubby Mas.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year
_	Peritonitis Other contributory causes of importance:

of OCCUPA-

Exact statement

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY, WI

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

14260

1. PLACE OF DEATH					
County Careline,		Registration Dist. No. 19			
Village or City Near Willist	(if	NDSt., f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth?yrsmos			
			_0\$.		
2. FULL NAME Elizabeth (a) Residence: No. Presten, 1		St., Ward. If nonresident give city or lown and State			
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
ORI	CLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Dec. 9th., 193I (Month) (Day) (Yes	ear)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Charles F. C	chase,	22. 1 HEREBY CERTIFY. That I attended deceased WW. 3 ,1931, to Love 9 ,19	d from		
6. DATE OF BIRTH (month, day, and year) Nov. 7. AGE Years Months I	5th. I843 Days If LESS than 1 day,	to have occurred on the date stated above, at			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	11. Total time (years) spent in this occupation	Dither Cantributary Causes of Importance:	3./43		
12. BIRTHPLACE (city or town). (State or country)					
13. NAME Curtis Herr	aer,				
(State of country)	ad.	Name of operation Dete of What tast confirmed diagnosis? Was there en autopsy?			
15. MAIDEN NAME LUCICIA (1971) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place RESS S Chappel, Mail	ttis, l. P.P.D.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
19. UNDERTAKER J.T. Trampter 3 (Address) Federalsbur 20. Fileo Dec. 10", 1931	Ca. Mary	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Alustra ML1.	M. D.		

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis Time 5 1632	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	ŧ-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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10		

PLACE OF DEATH	14201 STATE OF MARYLAND
County Carole Con	CERTIFICATE OF DEAT
	Registration Dist. No.
Village or City Mt. J. No	St.: Ward) (If death occ a hospital or tion, give its N stead of str number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Falkar	
4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH / 1 /9 , 18 (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decea
- Unleusur 187	1/2-1- 1921.00/2./7-
(Month) (Day) (Year	that I last saw h A alive on 12 m
7 AGE If LESS th	
yrs. mos. ds. or mir	
B OCCUPATION	- Duranting
(a) Trade, profession or	The state of the s
particular kind of work \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
business, or establishment in	(Durstion)yrsmos_
which employed or (employer)	
9 BIRTHPLACE	Contributory
(State or country)	Secondary
(State or country)	Secondary (Durstion) yrsmos
ma.	(Signed)
10 NAME OF FATHER THANKS MISSING	(Signed) (Durstion) (Signed) (Signed) (Address) (Address)
10 NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) Md OF FATHER (State or country)	(Signed)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME?	(Signed) (Durstion) (Signed) (Signed) (Address) (Address)
10 NAME OF FATHER WALLAS MISSON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CHARACTER OF MOTHER OTHER CHARACTER OF MOTHER CHARACTER OF MOTHER CHARACTER OF MOTHE	(Signed)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME? OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)
10 NAME OF FATHER WALLES MILLONG 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME? OF MOTHER CHISANT GLARA 13 BIRTHPLACE OF MOTHER (State or Country) 14 (State or Country)	(Signed)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME? OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)
11 BIRTHPLACE OF FATHER (State or country) OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 COUNTY 15 COUNTY 16 COUNTY 17 COUNTY 18 COUNTY 19 COUNTY 10 NAME OF FATHER FATH	(Signed)
SE IN NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) OF MOTHER (State or Country) I3 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME? OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	(Signed)

(Approved by U. S. Census and American Public Health Association.)

er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retircal from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Salesman. Locomotive (6) Grocery engineer,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated therm for the same disease. Examples: *Cerebrosphalf fever* (the only definite synonym is "Epidemic cerebrosphalf spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Spinal meningitis"); *Diphtheria* (Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia"); *Lobar pneumonia* ("Pneumonia* ("P

(Recommendations on statement of cause of A merican Medical Association.) approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease teignus) may be stated under the head of "contributory." "Inanition," "Marasmus, VIII Allegare "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be inges, peritonaeum, etc., Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Chronic valvular heart disease, Carcinoma, Sarcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state CORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be stated EXACTLY. M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

STATE O	F MARYLAND—	CERTIFICATE OF DEATH 14	262
1. PLACE OF DEATH	0-	23	,
County Coro	fine	Registration Dist. No. 6)
Village or City	algely	NoSt.,	Ward
Length of residence In city or town where d		death occurred in a hospital or institution, give its NAME instead of street and	
~1	W. H. 11:	yi3yi3.	HUSus.
2. FULL NAME Ahmas	may sugger		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH)	,
Tuste Bla	OR DIVORCED (write the word)	(Month) (Day)	, 193 ((Year)
5a. If married, widowed, or divorced HUSBAND of	0		
(or) WIFE of	Moon Brillin	22. I HEREBY CERTIFY, That I attended	
001-2	4000		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, et	; death is sale
73 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	50 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	as dolor	Died from Prehnonary Neworrhage	
		Probable disanonis	
SAW MILL, BANK, etc	1	Pulmonan Tuperculosio	Pet 1-1931
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this	~	
7	occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	clown. Zud.		
	4.11.		
E	Sreffer		
4. BIRTHPLACE (city or town)(State or country)	, 7,,,	Name of operation Date of _	
	f cua	What test confirmed diagnosis? Was there an	
E	puoce.	23. If death wes due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
0	4 .11.	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT Deny	Lagren	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LAUE.
18. BURIAL, CREMATION, OR REMOVAL	The same of	Manner of injury	
Place Brug Inn	Date / 20 19 3/	Nature of injury	
10 marsh V. Viene	17,000	24. Was disease or injury in any way related to occupation of deceased?	
19. UNOERYAKER CAMEN	2 Just sen Test	If so, specify	- 4 - 0 - 0 - 0 - 0 - 0 - 0 - 0
20, FILED Des 1/ 1931	Andons	(Signed) S / aul /hurths	M. D.
20. FILED 224 . 19.3/	Registrar.	(Address) Denton M.	(
f more l	blanks are needed, address State Revistrar	2411 N. Charles Street, Baltimore Requesting T. S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	9.0	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis (1881 9 1899)	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	L SPACE FOR	FURTHER S	MIEMENIS	DI THISICI	12414	

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WI

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STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	SERTIFICATE OF BEATTY 14203
County Caroline	Registration Dist. No. 65
2. FULL NAME Stern Services	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. raos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sec. 7 (Month) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of C. S. C.	I HEREBY CERTIFY That I attended deceased from 1931, to 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; death is said to have occurred on the date stated above, at 1931; deat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Carcinomy of hive Och Other Contributory Causes of Importance: Bust
13. NAME Clas Social 14. BIRTHPLACE (city or town) Coffine (State or country)	Name of operation Removal of PTS What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Entre Pariguelle 16. BIRTHPLACE (city or town) Crushy Adult (State or country) 17. INFORMANT Maro Felling Tyche (Address)	Accident, suicide, or homicide?
18 BURIAL, CREMATION, OR REMOVAL Place Oat 16 9, 19 3/	Manner of injury
19. UNDERTAKER (Address) 20. FILEO De C. To, 1931- J. Chrosa Demina Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	h and related causes Date of onset	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU			-1-11-11	
Other contributory causes of importance:		Other contributory causes of importance:	-41	
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

of OCCUPA-

Exact statement

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED

AGE should be stated EXACTLY.

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1 N. B.— STATE OF MARYLAND—CERTIFICATE OF DEATH 1420

1. PLAC	CE OF DEAT	гн			(3)	
Coun	ty Ea	rale	ue_		Registration Dist. No. 62	
Villag	ge or City	and do	eulan		NoSt	Ward
Land	h of racidance in ait	u ar tawa where	leath occurredvrs		death occurred in a hospital or institution, give its NAME instead of street and num	ber)
	() a low where	reacti occurredyrs	mos.	ds. How long In U.S. if of foreign birth?yrs,mos	ds.
2. FULI	L NAME	tolew	HEury	14	very.	
(a) R	Residence: No	Dec	(Usual place of abode)		St, Ward. If nonresident give city or town and State	
PER	SONAL ANI	D STATIST	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH	c
3. SEX		OR RACE	5. SINGLE, MARRIED, WI		21. DATE OF DEATH	
Ten	1	u	OR DIVORCED (write t	he word)	tec. 19 19	3
5a. If married	l, widowed, or divor	red	-		(Month) (Day)	(Year)
HUSBAN (or) WIS	ID of FE of	mari	m. Nus	0	22. O I HEREBY CERTIFY, That I attended dece	asad from
	- Ca	Tur	U. 13 m 18	45		193/
	BIRTH (month, day,			7	1 land saw h alive on dee/8, 1931; de	eath is said
7. AGE	Years	Months		ESS than	to have occurred on the date stated above, at 3. A.m.	
	82	7	16 or		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
	a, profession, or pai ind of work dona, a AWYER, BOOKKEER	rticular is SPINNER,	armed-		Al	
E S Indus	AWYER, BOOKKEER stry or business in	ER, etc.	anna -		Chronic Bughels	
UP W	ork was done, as SI AW MILL, BANK, et	ILK MILL,			Acres -	
0 10. Date	deceasad last work	ked at	11. Total time (yaars)		
Pine I	nis occupation (mon aar)	th and	spent in this occupation			
12. BIRTHPLACE (city or town) Delaware			Other Contributory Causes of importance:			
	ACE (City or town)_	- V. V.	Tourel	120	Parale a	
13. NAME	www	49	Hirelly		paralysis	
13. NAME			O de la compa			
4 14. BIRII	HPLACE (city or toy Stata or country)	vn)	yerowork_		Name of operation Date of	
1	EN NAME		1.120000		What test confirmed diagnosis? Was thera an autop	sy?
E		ing	14 would		23. If death was due to external causes (VIOLENCE) fill In also the following:	
S 16. BIRT	PLACE (city or tow Stata or country)	vn)			Accident, suicide, or homicide? Date of injury	, 19
74. 5. 1		-	Where did injury occur? (Specify city or town, county and State)			
17, INFORMANT MAS Many Janeary (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
	REMATION, OR RE	MOVAL	Hums		Manage of julyon	
Place 7 Lellaturo Date 12-21 1931		Manner of injury				
	0.	7	e a arra			
19. UNDERTA (Addre		1.00	20001		24. Was disease or Injury in any way related to occupation of deceased?	
		5	110 la		If so, specify	
20. FILED.	7-2/,1	3//2003.	HO Kenge		(Signed) (Signed)	M. D.
1			K	egistrar.	(Address) July Land	

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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

CORD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14205		
1. PLACE OF DEATH	95-P		
county Caroline	Registration Dist. No. 624		
Village or City Near arrevican Corner	(No. St., Ward		
(IE	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
11 0 4.0	Q		
2. FULL NAME Tannah liche			
(a) Residence: No. Near University Can Corner (Usual place of abode)	St., Wild, Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Vernale, Colored, Visioner of the word)	21. DATE OF DEATH Lee, 3rd (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from		
2 11	200 3 ,193/ to 200 3 ,193/		
6. DATE OF BIRTH (month, day, and year) Set. 131 1880	I last saw her alive on 193/; death is said		
7. AGE Years Months Days If LESS than 1dayhrs.	to have occurred on the data stated abova, at 2. H.S. Inn. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
7 7 1 ormin.	were as pllows: Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cardin 1/6, Cular		
9. Industry or business in which	Duran -		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
yaar) occupation	Other Coutributory Causes of Importanca:		
12. BIRTHPLACE (city or town) (State or country)	0.10		
	Collina Minulaig x 12-23		
E COOCA OCCO.	head		
4 14. BIRTHPLACE (city or town) (State or country)	Name of oparation		
	What test confirmed diagnosis?		
E	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?		
South H Milled	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT Some	,,,,,,,, .		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place St. Vaul, Mid Data Vec. 5 ,1931	Neture of Injury		
19. UNDERTAKER Literauthour & Son (Address) de de rale Pura	24. Wes disease or injury In any way related to occupation of deceased? NO		
20, FILED Dec. H", 1931 Offer and North Registrat.	(Signed) M. D. (Address) Fiduration 4, mil		
If more planes are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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10.—The month and year the deceased last worked at the occupation.

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Example-I-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU T. 8	July 5, 1927	Peritonitis	3 days ago
and the state of t		HALL CONTRACTOR OF THE PROPERTY OF THE PROPERT	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

V. S. No. 1

Z

should state

1. PLACE OF DEATH	(E)
County Caralul	Registration Dist. No. 62
Village or City Cear Deutsu	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAMPLESS John Patetette	sds. How long In U.S. if of foreign blrth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feerale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (S) (193) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Control of Cont	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, dey, end yeer) Feb 13 1889	Jast saw hall elive on Occol S
7. AGE Yeers Months Oays If LESS then 1 dey,hrs. ormin.	to heve occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were a follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Clumio my RE Desiso E
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and yeer)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Junelson Mali- (State or country)	
13. NAME Story Selection 14. BIRTHPLACE (city or town) Sermany.	Name of operation
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME Minnie Luger-	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (cily or town) Jerndry (Stete or country)	Accident, suicide, or homicide? Dele of injury, 19
17. INFORMANT John Lalchell (Address) Deutan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACEDOLOVA MIG Det Dec. 18 19 21	Manner of injury
19. UNDERTAKER J. Z.	24. Wes disease or Injury in eny way releted to occupetion of deceased?
20. FILED 12-17, 3/ m 10 George	(Signed) Muley M. Deller'S M. D.

(Address)

Registrar.

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Example I		Example II	
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Arteriosclerosis 6 1552	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-AGE should be stated EXACTLY. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 142	117
1. PLACE OF DEATH	- A. A.	
County Catoline	Registration Dist. No. 62	4
Village or City Leulau	No. St., If death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
Length of residence in city or town where death occurredyrsmo		
2. FULL NAME / Egyptelle allay	Rich	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (Tarric the word)	21. DATE OF DEATH (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of		(1001)
(or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended de	ceased from
6. DATE OF BIRTH (month, day, and yeer) May 8 7 1926	lest saw hour alive on Dec 14 1931.	death is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated ebove, at 5-p-m.	
4 9 24 1 day,hrs.	were as follows:	
9 Trade profession or postinular		Date of enset
SAWYER, BOOKKEEPER, etc.	Typhoid fever	w 18-1931
9. Industry or businees in which work was done, as SILK MILL, SAW MILL, BANK, etc		
O No Date deceased last worked et 11. Total time (years)	-	
O this occupation (month and spant in this occupation		
12. BIRTHPLACE (city or town) Deutau	Other Contributory Causes of importance:	
(State or country)		
13. NAME Jessie Vrich		
14. BIRTHPLACE (city or town). Deutlace	Name of operation Dete of	
	What test confirmed diagnosis? Was there an eul	opsy?
15. MAIDEN NAME Custing Wisher	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Custory Wisher 16. BIRTHPLACE (city or town) Marriagy (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Zuck	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT SUSSEL Volch	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Plantfully Furz Date VIL, 197/	Neture of injury	
19. UNDERTAKER (Address)	24. Was disease or injury in eny wey related to occupation of deceased?	
20. FILED 12-17, 1931 2m 00 Jing C. Registrar.	(Signed) Sent horth	M. D.
Acgurar.	" (nutros)	

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		The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

supplied. ACE should be stated EXACTLY, PHYSI-in terms so that it may be properly classified. Exact See instructions on back of certificate. MARGIN RESERVED FOR BINDING PERMAN IS A -Every Item of information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms a statement of OCCUPATION is very important. See instru TH UNFADING INK--THIS

	PLACE	OF	DEATH		
Cou	(an	veni	7.	•
Cou	nty.			y	******



STATE OF MARYLAND

County	CERTIFICATE OF DEATH
0	Registration Dist. No. 66
Village or City Audguly (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Jacoo Rul	lord street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male G. SINGLE, MARRIED. WILDOWED. WIDOWED. (Write the word)	16 DATE OF GEATH 3 0 , 198
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
No. Read	, 192, 192,
(Month) (Day) (Year)	that I last saw h alive on during media
7 AGE If LESS than	and that death occurred on the date stated above, t
elou 75 yrs. mos. ds. or min.	
a) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 WALKLESSOW.	Contributory West with a dead (Duration) yes mos ds. Contributory West with a dead (Signed) Contributory (Duration) yes mos ds. (Signed) Contributory (Address) Post of the dead of death yes mos ds. At place of death yes mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Ridgely - Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Steems by Md 5-05, 193/
	1000000

Registras

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8. No. 1

WRITE PL

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Puhlic Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at heginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully employed us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

s; inal meningitis"; Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.sc. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Proumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia," EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis-

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart discase; etc. The contributory

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. -if this certificate is looked over thoroughly and all qu stions

certificate.

See instructions on back of

TION is very important.

should state OCCUPA-

1	1	5	1:	0	
and a	1	~	U	2/	

1. PLACE OF DEATH	(95 %)
County Cataline	Registration Dist. No. 6 6
Village or City (Eelle elec	No. St. Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Xis Silderial	EOF
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH 22 211
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edu H	(Month) (Day) (Year) 22. Mi HEREBY SERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, dey, and year) Ohl 2 1851	i last saw hall alive on Ce 2, 31; death is said
7. AGE Years Months Days If LESS than I day,	ware as follows.
8 Trade profession or particular	Plumic Disries Heurt Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at Now 25 this occupation (month end year)	<u>/100</u>
12. BIRTHPLACE (city or town) Zuse / Dance (State or country)	Other Coutributary Causes of Importance:
II 13. NAME Has Lucis	
14. BIRTHPLACE (city or town) Dester	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME State Melvin	23. If death was due to external causes (VIOLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANTME H BAR (Address) (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, COMATION, OR REMOVAL Place Steenships Med Date Steen 5, 193	Manner of injury
19. UNDERTAKER JANGUL ALLOWS (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DEC 4 1931 Stravis.	(Signed) Milleur II Hulles M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURIAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIA	PHYSICIA	TATEMENTS BY PHYS	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
---	-------	----------	-------------------	------------	---------	-----	-------	------------

should state Exact statement of OCCUPA-COORD. Every item of infor-PHYSICIANS stated EXACTLY. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	14210
County Caroline	Registration Dist. No. 62
Village or City Desitary	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	dean occurred in a hospital or manually, give its to Alvie, instead or street and number) ds. How forg in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William Llan	ua bleockles
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	filcenter / 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF COT WIFE OF The Throng The Salving	22. HEREBY CERTIFY, Jhat I attended deceased from
CH2 - 15 1646	Met. 1991, to feel, 1991
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, at 3:30 /m.
65 7 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Retired farmer.	Coronary Thombosis
9. Industry or business in which work was done, ses SILK MILL, SAW MILL, BANK, etc	aich an hour,
10. Date deceased last worked at this occupetion (month and spant in this	
year) occupation (month and spantin this	Other Control of the state of t
12. BIRTHPLACE (city or town) Mullsborr	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME James Clascally	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Adaptioth Drackle	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT MILES Phochles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) politon	
18. BURIAL CREMATION, OR REMOVAL Piece Meleustro Dat Dec 10, 1931	Manner of injury
Day S	Nature of injury
19. UNDERTAKER / () Audor	24. Wes disease or injury in any way related to occupation of deceased? 200
12 9 212 1104	(Signed) (Signed) (M.D.
20. FILED , 10/1/m HU / Registrar.	(Address) Denton Man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-t-

SCORD. Every item of infor-PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT N. B.-WRITE PLAINLY, W

MARGIN RESERVED FOR BINDING

V. S. Mo. 1

County	Caroli	ue '			Registration D	ist. No. QC	2
Village or C	ity Goed	o bero.		No.	~~~	St,	V
Length of resi	dence in city or town where	death occurred		f death occurred in a hospital or instituti ds. How long In U.S. if of			
	Co	7			Totalgii iiitii	/13	103
2. FULL NA	ME G	Vayeor	70				
(a) Residen	ce: No.	(Usual place of	o Ind	St., Ward.	If nonresident gi	ve city or town and	State
PERSON	AL AND STATIS	TICAL PARTIE	CULARS	MEDICAL CE		man and a second	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARE		21. DATE OF DEATRY		5.	
male	While	OR DIVORCED	(rurice the word)	∞.	(Month)	(Day)	, 193 (Yea
5a. If married, widow HUSBAND of	ed, or divorced						
(or) WIFE of	Tou	use Ja	year.	22. I HEREBY	CERTIFY		deceased
		11001	.19/1	I last saw h	12 ~ 3		, 19.
7. AGE Yea	month, day, and year) rs Months	Days	1861	to have occurred on the date stated	above at 7,16	0	.; death I
MA	Montas	Usi,	1 day,hrs.	The PRINCIPAL CAUSE OF DEATI	45000, 41111,	~	
R Trade profes	ssion, or parlicular	109	ormia.	were as follows:			Date of
kind of v SAWYER,	vork done, as SPINNER, BDDKKEEPER, elc.	Lotra	~/		(1)		
9. Industry or	business in which	./		Characian .	Contra	((2)
	done, as SILK MILL, L, BANK, etc		*	augus	general Control		
	ed last worked at palion (month and		t in this				
year)		Oecu	pation	Other Contributory Causes of impor	lance:		
12. BIRTHPLACE (cit		ary la	id.				
(State or cour	iny)	11/1	1				
13. NAME 14. BIRTHPLACE	Cuve	4 Vays	ov.				
14. BIRTHPLACE		1	1	Name of operation.	1/	Date of	
1 (State of	0	For 12	Ta.	111111111111111111111111111111111111111	uma	Was there an	
15. MAIDEN NA 16. BIRTHPLACE		rely / ded	ele.	23. If death was due to external caus			
16. BIRTHPLACE	(city or town)	ary law	d	Accident, sulcide, or homicide?	Da	te of Injury	, 19_
	an I	1	2.0 /	Where did Injury occur?	(Specify city or to	wn, county and Sta	te)
17. INFORMANT (Address)	Mus. o-	Twee 1	2000	Specify whether Injury occurred in	INDUSTRT, IN NOM	E, OF IN PUBLIC PL	ACE.
18. BURIAL, CREMAT	ON, OR REMOVAL	1000	- nex	Manner of injury			
Proce	reens by	na Date Jan	3. 1931	Nature of Injury			
10 UNDERTANES	R. B. ST	amble	10.	24. Was disease or injury in any wa		on of deceased?	nA
19, UNDERTAKER (Address)	Green	o buch	red.	If so, specify	1	De	-
20 5450//2	12300	Sans	to the	(Signed) Oh	erles Ho	Llowers	er
20. FILED	-	The delication of the second	Registrar.	(Address)	one has	- has	Mar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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DORBAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Registration Dist. No. County iteni St.,_ Ward Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT CIL (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of -6 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE to have occurred on the date stated above, at Years Months If LESS than stated 3 or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ be Jo back may 9. Industry or business in which work wes done, as SILK MILL. should SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 11. Total time (years)
spent in this on AGE that occupation year) _____ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13, NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? should be carefully Was there an autopsy?.... MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of injury OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. very 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE. CAUSE mation Neture of injury LION 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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202011				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

N. B.-WRITE PLAINLY,

V. S. No. 1

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	F DEATH			(3) 19413
County	Caroline			Registration Dist. No. 63
Village or C				No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NA	ME (Still be	orn) W	ebb	
	ce: No.	(Usual piace		St., Ward. If nonresident give city or town and State
PERSON	IAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
Fem.	4. COLOR OR RACE Colored	5. SINGLE, MAN	RRIED, WIDOWED, ED (write the word) Ngle	21. DATE OF DEATH Dec. 15 (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WiFE of	red, or divorced		1.5	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH	(month, day, and year)	Decembe:	r 13 ,1931	
7. AGE Yea		Days O	If LESS than 1 day,Qhrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of v	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL, ,L, BANK, etc	None None		Still born
71110 0000	L, BANK, etced last worked at pation (month and	11. Total	time (years) ent in this cupation	
12. BIRTHPLACE (ci (State or cou	, ,	ton, aryland		Other Coutributory Canses of importance:
13. NAME	James Web	Ъ		
(State or	(city or town)Ba	ltimore Marylar	nd	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NA				23. If death was due to external causes (VIOL ENCE) fill in also the following:
	(city or town) Pr	eston Marylar	nd	Accident, suicide, or homicide?
17. INFORMANT (Address)		bb ton, Md.	•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT				Manner of injury
19. UNDERTAKER (Address)	Medford Pres	Green ton, Md	•	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Dec	15,, 31	has Bo	Hasesing.	(Signed) Dues 13, Hausson American (Address) Preston, Md. Reguest

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	11 JAN 5 3000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DUREAU W.	July 5, 1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

0		
See letter melle	"Harrison" 1/26/32	- muss lov
change of date of	buston deste	
The state of the s		0